

Alaska Trauma Registry Data Collection FAQs

1. Patient name and address is listed as optional in the User Manual, however, is there a good reason to collect this information for injury prevention purposes?

The State EMS Unit does not get these personal identifiers so including them will not affect what is done by the State. However, some local safety groups are interested in address data to identify high-risk populations. This would be a facility function to release this information and these local safety groups would have to request it from the individual hospital.

2. How specific should we be for “injury location”?

Either a physical address (eg. 20321 Middle Road) or general area (eg. Mile 76 Richardson Hwy) will do. Anything at all is better than nothing, but a P.O. Box is of no value.

3. What does “life-saving” procedure mean?

As before, the life-saving procedures are listed in the User Manual. They include all CT scans, arteriograms, and all surgical procedures.

4. Do we need to write the name of the E.D. doctor on every procedure line?

Just draw an arrow down through the lines if the same doctor performed all of the procedures. On surgeries, list the primary surgeon, not the assistant. Again, an arrow can be used for the physician doing multiple procedures.

5. I get confused about what’s a “blunt” and what’s a “penetrating” injury.

We are working with the software company to have that filled in automatically, but in the meantime do your best, remembering that penetrating means bullet, knife, or other deeper level of penetration.

ALASKA TRAUMA REGISTRY CALENDAR

State of Alaska
Department of Health and Social Services
Division of Public Health
Community Health and Emergency Medical Services

October

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

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6. Why is the GCS asked for three times?

GCS is a serial vital sign that is monitored over time and is meant to track a change in the patient level of consciousness.

7. If I choose to list the discharge temperature and vital signs, what do I enter if they are not in the medical record?

If they are not available, put “Unk”, meaning it is an unknown value at that time. Barb suggests listing discharge vitals if they are recorded within 30 minutes from E.D. discharge time.

8. What if the GCS on admission is 15 and it was not a head injury, can I assume the discharge GCS is 15?

Probably. Look at the discharge notes to see if there is any information to the contrary.